

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER			
FORMALITY REVIEW	<i>[Signature]</i>	<i>1089</i>	<i>1-03-02</i>
RESPONSE FORMALITY REVIEW			<i>1/10/02</i>

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)..... Canceled      A ..... Appeal  
 + ..... Restricted      O ..... Objected

Claim	Date
Final	
Original	
1	8/1/02
2	3/21/03
3	6/10/03
4	11/7/03
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
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*2011/10/10*